

Entity Application Disclosure

Complete and attach this form to your application form as instructed on the application form.



**IMPORTANT: This symbol indicates that additional documentation may be required.**  
**On each attachment, enter name of Company and Tax ID number (FEIN) in upper right corner.**

Name of Applicant including dba if applicable	Tax ID number (FEIN)

<b>Address 1: Applicant's principal U.S. administrative office</b> (must include street address) <input type="checkbox"/> Our primary mailing address	<b>Address 2: Company's primary office in Michigan</b> (must include street address) <input type="checkbox"/> Same as address 1 <input type="checkbox"/> This is our primary mailing address
Number, street and floor or suite number	Number, street and floor or suite number
PO Box	PO Box
City	City
State	State
Zip	Zip

**Address 3: Primary mailing address** (only if different than address 1 or 2)

Name

Number, street and floor or suite number

PO Box

City

State

Zip

**Michigan Resident Agent \*** (person who accepts service of process on company's behalf)

Name

Number, street and floor or suite number

PO Box

City

State

Zip

\* If applicant is a Corporation, Limited Liability Company, or Limited Partnership, Michigan Resident Agent and address must agree with that on file with the Corporation Division of the State of Michigan Bureau of Commercial Services.

**+** Attach a report listing all additional Michigan branch offices where applicant will be conducting business. Give street address and name of manager for each branch location. If company keeps the official books, records and related documents in a location other than address 1, 2, or 3 above, please attach an explanation and give the address where such documents are maintained.

**Contact person** (person at this applicant business responsible for addressing inquiries from the Office of Financial and Insurance Services after issuance of a license)

Name and title

Telephone number (include area code)

Number, street and floor or suite number

Fax number (include area code)

PO Box

Main company telephone number (include area code)

City

State

Zip

EEmail address

1. Company is organized as the following type of business:

- ☐ Corporation please enter your 6-digit Michigan Corporation I.D. number :
- ☐ Limited Liability Company (LLC)
- ☐ Limited Liability Partnership (LLP)
- ☐ General Partnership
- ☐ Sole Proprietorship
- ☐ Other (describe)

Michigan Corporation ID number



**Attach each applicable item:** (document copies must be certified by state of domicile)

Copy of Articles of Incorporation (if incorporated)

Copies of issued stock certificates if company has 20 or fewer stockholders

Copy of Articles of Organization, Partnership Agreement or business license filing, etc. (if not incorporated)

2. Company state of organization:

- ☐ Michigan
- ☐ Other (enter state of organization)


3. Company date of organization (mm/dd/yyyy):

4. Identify each of the following in relation to the applicant: *Attach additional list if necessary*

- ▶ ALL officers\* of the corporation, partners, or sole proprietor
- ▶ ALL stockholders of 20% or more or each stockholder if there are 20 or less stockholders
- ▶ ALL members if company is organized as a limited liability company
- ▶ ALL members of the Board of Directors of the corporation including Board of Trustees, Executive Committee, and any other governing body

\* Officers include, but are not limited to: Chief Executive Officer (CEO), Chief Operating Officer (COO), Chief Financial Officer (CFO), President, Vice President, Secretary, Treasurer

Name	Title and/or stock %	Name	Title and/or stock %

 Each person listed above must complete and attach form FIS 2051 Affiliation Disclosure.

5. Does company hold any type of financial services license (such as insurance, securities, banking/finance) issued by Michigan or another state?

☐ Yes ☐ No      If yes, complete below. Attach additional page(s) if necessary.

State	License number	Type of license	Name of regulatory agency issuing license

6. Give a general description of the applicant's proposed business activities. At a minimum, include a list of services applicant will provide consumers, and how the applicant plans to generate business.